

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 26 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000 00038279

1. Corporation Name
MEDCO DME, INC.

500007513915--9
-09/04/02--01042--027
****908.75 ****908.75

2. Principal Office Address
4043 Collins Road

3. Mailing Office Address
4043 Collins Road

Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip Country
32073 CLAY

Zip Country
32073 CLAY

4. Date Incorporated or Qualified
To Do Business in Florida 4-13-00

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
James E. Sloan

Street Address (P.O. Box Number is Not Acceptable)
4043 Collins Road

Suite, Apt. #, Etc.

City State Zip Code
Orange Park, FL 32073

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent James E. Sloan Date 8-22-02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	James E. Sloan	4043 Collins Road	Orange Park, FL 32073
VP	"	"	"
TREA.	"	"	"
SEC.	"	"	"

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: James E. Sloan (James E. Sloan) 8-22-02 (904) 264-8154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)